

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>3/30/04</u>		2 Serial/Patent # <u>10/521395</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input checked="" type="checkbox"/>	Filing <u>Changing entity</u>			\$ <u>550</u>								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
<b>A F F I D</b>			7 TOTAL AMOUNT OF REFUND									
			\$ <u>550</u>									
10 REASON:		8 TO BE REFUNDED BY:										
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check										
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:										
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Rita White</u>			TITLE: <u>Legal Counsel</u>									
SIGNATURE: <u>Rita White</u>			PHONE: <u>713/889140</u>									
OFFICE:			<u>X 231</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u>[Signature]</u>			DATE: <u>6-1-05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: